

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000009094

**FILED**  
**Oct 30, 2007**  
**Secretary of State**

**Entity Name:** PUERTAS DE PAZ A LAS NACIONES, INC.

**Current Principal Place of Business:**

1490 NE PINE ISLAND RD  
SUITE D  
CAPE CORAL, FL 33909

**New Principal Place of Business:**

1833 DIPLOMAT PRKY EAST  
CAPE CORAL, FL 33909

**Current Mailing Address:**

681 MUSCOGEE DR  
NORTH FORT MYERS, FL 33903

**New Mailing Address:**

1833 DIPLOMAT PRKY EAST  
CAPE CORAL, FL 33909

**FEI Number:** 20-1662214      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

CRUZ, LUIS A  
681 MUSCOGEE DR  
NORTH FORT MYERS, FL 33903      US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** LUIS A. CRUZ

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P      ( ) Delete  
**Name:** CRUZ, LUIS A PASTOR  
**Address:** 681 MUSCOGEE DR  
**City-St-Zip:** NORTH FORT MYERS, FL 33903

**Title:** TRE.      ( ) Delete  
**Name:** CRUZ, LUIS A PASTOR  
**Address:** 681 MUSCOGEE DR  
**City-St-Zip:** NORTH FORT MYERS, FL 33903

**Title:** SEC.      ( ) Delete  
**Name:** CRUZ, JUDITH  
**Address:** 681 MUSCOGEE DR  
**City-St-Zip:** NORTH FORT MYERS, FL 33903

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:** SEC.      (X) Change ( ) Addition  
**Name:** ALMAYDA, AGIE  
**Address:** 1602 NW 7 PL  
**City-St-Zip:** CAPE CORAL, FL 33993

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** LUIS A. CRUZ

REV.

10/30/2007

Electronic Signature of Signing Officer or Director

Date